

● PRINTER RUSH ●
(PTO ASSISTANCE)

Application : 10/625599

Examiner : Patterson, M

GAU : 3728

From: A. G. C.

Location: IDC FMF FDC

Date: 3-3-5

Tracking #: 06067718

Week Date: 1-17-5

| DOC CODE | DOC DATE | MISCELLANEOUS |
|---|-------------------|--|
| <input type="checkbox"/> 1449 | _____ | <input type="checkbox"/> Continuing Data |
| <input type="checkbox"/> IDS | _____ | <input type="checkbox"/> Foreign Priority |
| <input checked="" type="checkbox"/> CLM | <u>11/29/2004</u> | <input type="checkbox"/> Document Legibility |
| <input type="checkbox"/> IIFW | _____ | <input type="checkbox"/> Fees |
| <input type="checkbox"/> SRFW | _____ | <input type="checkbox"/> Other |
| <input type="checkbox"/> DRW | _____ | |
| <input type="checkbox"/> OATH | _____ | |
| <input type="checkbox"/> 312 | _____ | |
| <input type="checkbox"/> SPEC | _____ | |

[RUSH] MESSAGE: Improper Dependency: Original claim 18 depends upon canceled original claim 17. Please Resolve.

Thank You
JGC

| | |
|-------------------|-----------|
| [XRUSH] RESPONSE: | INITIALS: |
|-------------------|-----------|

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.

REV 10/04